

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIMS FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/831,508		FILING DATE	
						APPLICANT(S)			
						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				51			
2						52			
3						53			
4						54			
5						55			
6						56			
7						57			
8						58			
9						59			
10						60			
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13						63			
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31						81			
32						82			
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36						86			
37						87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.		2				TOTAL IND.			
TOTAL DEP.		40				TOTAL DEP.			
TOTAL CLAIMS		42				TOTAL CLAIMS			